

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID 1-47908939
Administrative Data	Address: Massachusetts		Address:	
	Phone #: [REDACTED]		Phone #:	
	Incident Status: New	Location and date of incident Massachusetts 04/20/2017	Date registrant became aware of incident: 4/20/2017	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) 239-2657	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) Glyphosate, Imazapyr	A.I. (s)	A.I. (s)	
	Product 1 Name GroundClear Vegetation Killer Concentrate 1 gal	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? Yes	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes	
Incident Circumstances	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

*4/20/2017 4:51:08 PM GroundClear Vegetation Killer Concentrate 1 gal
UPC: 71549 04305*

Hx: I got some of the product in my eye about 30 minutes ago. I rinsed for about 20 minutes and now my right eye is red and irritated.

A:

- May cause serious eye injury.*
- Do not instill any over-the-counter eye drops into your eyes.*
- You should be examined by a health care professional immediately following irrigation.*
- Send the product container or label with the patient and offer our phone number to the treating health care professional.*
- Please call back with any additional questions or concerns.*
- Provided caller with case# and CB#*

4/21/2017 6:34:26 PM Called back, left message on voice mail asking for return call and follow-up information.

4/22/2017 3:46:22 PM Called back second attempt, left message on voice mail asking for return call and follow-up information.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Ocular</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects. <i>Ocular Irritation, 30 min or less;</i> <i>Redness, 30 min or less;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-47908939